

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

ILLINOIS COMMERCE COMMISSION ORIGINAL

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(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. CHIEF CLERK'S OFFICE
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

KBS Computer Services

Application for a certificate of
local authority to operate as a **reseller and:**
facilities based provider of telecommunications:
services statewide in the State of Illinois.

02-0226

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 36-4155944

KBS Computer Services

Address: Street **4749 Lincoln Mall Drive - Suite 503**

City **Matteson** State/Zip **Illinois 60443**

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for
Local Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
 - (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

Statewide

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed **September 1997**
☐ Other (Specify) In what state? **Illinois**

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See attached document**

9. List jurisdictions in which Applicant is offering service(s).

None

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

 YES (Please provide details) **X** NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES **X** NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? **X** YES ____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

Anthony R. Kitchens

President/CEO

Erica Bell

Operations

Dee Kitchens

Executive Assistant

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES **X** NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

KBS will bill customers monthly. Statements will provide detailed billing with previous bill activity, current bill activity and taxes. We will provide a self-addressed envelope for customers to return payments to.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

KBS will have an automated billing and repair system to handle customer issues such as billing, repair and miscellaneous services. KBS will follow the ISO 9002 standards to register complaints internally, seek resolution and perform actions recommended. KBS will also utilize outside consultants to perform random tests of our internal process.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

708-481-6631 (KBS will purchase a toll free number to provide better customer satisfaction and expedient responses)

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

KBS will not be providing voice services, therefore slamming and cramming are not applicable for our company.

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

KBS will not be providing voice services, therefore slamming and cramming are not applicable for our company.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

Except for 710 and 735.180

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attached Documents

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

We intend to purchase wholesale broadband service from a Local Exchange Carrier offer it to our customers through KBS.

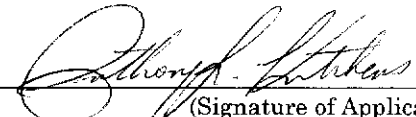
27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Internet access, including a full suite of DSL and DLEC products and other Broadband services such as T1.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES ☒ NO


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

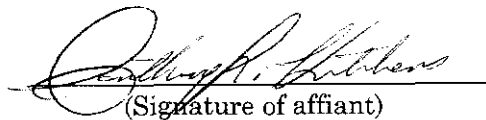
State of Illinois

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County of Cook

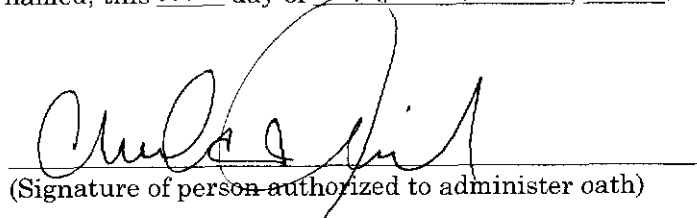
Anthony R. Kitchens makes oath and says that he is **President and CEO**
of **KBS Computer Services**

that he has examined the foregoing application and that to the best of his knowledge, information,
and belief, all statements of fact contained in the said application are true, and the said application is
a correct statement of the business and affairs of the above-named applicant in respect to each and
every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/_____
(Title of person authorized to administer oaths)

in the State and County above named, this 21 day of MARCH, 2002.


(Signature of person authorized to administer oath)

